



OPERATIONS GUIDELINES

DUI ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM

Revised July 2009

www.dds.ga.gov

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REGULATORY COMPLIANCE DIVISION

The Regulatory Compliance Division of the Department of Driver Services will positively impact the public's safety by facilitating the education of Georgia Drivers. The Division will provide regulatory and support services for all state-certified driver safety programs in a professional, customer-focused, and timely manner

Our staff is ready to assist you at the numbers and emails listed below. Regular business hours are **8:00 a.m. to 5:00 p.m., Monday through Friday, excluding state holidays.**

Field Operations Unit			
Name	Title	E-mail	Telephone
Jodie McLeod	Compliance Manager	jmcleod@dds.ga.gov	770-918-5839
Nelda Chatman	Compliance Analyst 1	nchatman@dds.ga.gov	404-909-4662
Gloria Cousins	Compliance Analyst 1	gcousins@dds.ga.gov	404-909-4727
James Lester	Compliance Analyst 1	jlester@dds.ga.gov	404-909-6150
Karen Miller	Compliance Analyst 1	kmiller@dds.ga.gov	404-909-5242
Lisa Marks	Compliance Analyst 1	lmarks@dds.ga.gov	404-909-4484
Leah England	Compliance Analyst 1	lengland@dds.ga.gov	404-909-4635
Wanda Little	Compliance Analyst 1	wlittle@dds.ga.gov	404-909-4726
Program Administration Unit			
Michael Mitchell	Interim Director	mbmitchell@dds.ga.gov	678-413-8413
Kecia Bivins	Regulatory Manager	kbivins@dds.ga.gov	678-413-8685
Mistie Odum	Administrative Assistant	modum@dds.ga.gov	678-413-8745
Nancy Glaze	Operations Analyst II	nglaze@dds.ga.gov	678-413-8732
Erica Johnson	Operations Analyst II	ejohnson@dds.ga.gov	678-413-8803
Janice Raiford	Operations Analyst II	jraiford@dds.ga.gov	678-413-8746
Lynne Swaney	Operations Analyst II	lswaney@dds.ga.gov	678-413-8859
Elizabeth Nelson	Program Associate	enelson@dds.ga.gov	678-413-8536
Teresa Galbreath	Program Associate	tgaltbreath@dds.ga.gov	678-413-8474
Office Facsimile			678-413-8736
Office Facsimile			678-413-8735

IMPORTANT ADDRESSES & PHONE NUMBERS

Assessment Fees

Georgia Department of Driver Services Attention: Accounting Unit 2206 East View Parkway Conyers, Georgia 30013			
Contact	Title	E-mail	Telephone
Susan Sisk	Budget Analyst	ssisk@dds.ga.gov	678-413-8806

NEEDS Assessment

ADE, Inc. P.O. Box 660 Clarkston, Michigan 48347		
Telephone	Facsimile	E-mail
800-334-1918	248-625-1839	supportga@adeincorp.com

Intervention Curriculum

Prevention Research Institute 841 Corporate Drives, Suite 300 Lexington, Kentucky 40503		
Telephone	Facsimile	Website
800-922-9489	859-223-5320	www.primeforlife.org

Clinical Evaluators/Clinical Treatment

DUI Intervention Program, State of Georgia Department of Human Services 2 Peachtree Street, N.E., 22 nd Floor Atlanta, Georgia 30303		
Web	Telephone	Facsimile
http://www.mop.uga.edu/cetp/DUIIPwebsite/index.htm	404-657-6433	404-657-6417

OVERVIEW OF THE RISK REDUCTION PROGRAM

The Georgia DUI Alcohol or Drug Use Risk Reduction program is comprised of two components, as follows:

Assessment Component

Currently, the only Assessment Component certified for use in the State of Georgia is NEEDS, a copyrighted product of ADE, Inc.

Intervention Component

Currently, the only 20-hour Intervention Component certified for use in the State of Georgia is Prime for Life, a copyrighted product of Prevention Research Institute, Inc.

Program fees are set by statute, as follows:

Assessment Component:	\$82.00
Intervention Component:	\$190.00
Materials Fee:	\$15.00

SECTION 1: ASSESSMENT COMPONENT

290-4-10-.13 Assessment Component. *Only persons trained by the department or its designee may administer assessments. Only the assessment instrument designated by the department may be used. Assessments must be conducted in accordance with the following criteria:*

- (a) All persons attending the program must be assessed and their assessments processed at least 30 minutes before the beginning of the first class session;*
- (b) Assessments may not be transferred between programs except in the following situations:*
 - 1. A class for which a student has a signed contract has been cancelled;*
 - 2. The student has moved to another geographic location within the state; or*
 - 3. There is an emergency and prior approval by the department has been obtained.*
- (c) Assessments must be administered in accordance with the assessment directions and materials provided;*
- (d) Each program must retain proof of its authorized use of assessment instruments and must use the assessment instrument only for the purpose of assessing students attending the program;*
- (e) Assessments must be administered at the approved program location in a space and manner that affords privacy of the individual being assessed and that facilitates concentration and freedom from distractions;*
- (f) The assessment component may be administered either in groups or individually; however, individual results of the assessment are to be confidential and must only be discussed in private with the individual assessed;*
- (g) Students must be informed that the assessment is valid for a one-year period, that failure to enroll in the intervention component within that period of time will result in the need for another assessment with payment thereof, and that any subsequent convictions within the one-year period or thereafter will require a separate assessment;*
- (h) Assessment instruments must be coded in accordance with instructions provided by the department;*
- (i) Each program must maintain a monthly roster of all offenders assessed, using the automated assessment roster of the approved assessment instrument;*
- (j) Rebates must be paid to the state on all persons assessed, even if they did not return for class;*
- (k) Completed original assessment rosters and copies of rebate checks for each calendar month must be sent to the department in time for them to be received by the tenth calendar day of the month following the report month;*
- (l) Each program must maintain copies of the monthly assessment rosters and copies of rebate checks mailed to the department; and*
- (m) Illiterate and/or disabled students and offenders must be meaningfully accommodated in the administration of the assessment;*
- (n) An assessment contract must be executed as required by rule 290-4-10-.19 for each student before the assessment is given.*

A. THE ASSESSMENT INSTRUMENT

- 1. Currently, the only Assessment Component approved by the DDS for use in the State of Georgia is NEEDS. No other assessment instrument may be used.
- 2. NEEDS is a copyrighted product of ADE, Inc. No portion of the program may be copied or used in any manner except as designated by the contract agreement with ADE, Inc. All questions regarding NEEDS should be directed to ADE, Inc.

B. ASSESSMENT REQUIREMENTS AND INFORMATION

- 1. All persons enrolling in the Georgia Risk Reduction program must complete the Assessment Component.
- 2. The Assessment Component must be completed and scored at least 30 minutes prior to the beginning of the first session of the Intervention Component.

3. Students and offenders must complete the Intervention Component at the same program location where they completed the Assessment Component.
4. It is the program's responsibility to provide students or offenders with a written schedule of courses. Students and offenders should know the exact dates and hours when classes will be held before they are assessed.
5. Programs must advise students and offenders that a minimum enrollment of five (5) students or offenders is required to hold a Intervention Component.
6. Programs should not allow a student or offender to retake the Assessment Component unless the assessment printout indicates that the assessment is invalid. If you have a situation where you think this may be necessary, please contact ADE, Inc.
7. Students and offenders must complete the Assessment Component only at the program's approved program location in an environment free of distractions. Family members and friends are prohibited from accompanying the student or offender while he or she completes the Assessment Component.
8. ADE, Inc. provides an audio tape version of the Assessment Component for students or offenders that are illiterate. Programs also have the option of reading the Assessment Component to a student or offender that is illiterate.
9. ADE, Inc. also has a Spanish version of the Assessment Component on audio tape.

C. ASSESSMENT COMPONENT PROCESS

1. Provide a written class schedule to the student or offender.
2. Complete the Important Client Information sheet [**Exhibit #1**]
 - a. Programs are responsible for ensuring that each student or offender reads and signs the Client Information Sheet, and for providing a copy thereof to the student or offender prior to executing the Assessment Component contract.
 - b. Attach the class schedule to the Client Information Sheet.
 - c. Advise the student or offender that if he or she chooses to take the Assessment Component at your program they will be required to complete the course at your program. Assessments are non-transferable, except as provided in Ga. Admin. Comp. Ch. 290-4-10-.13(b).

D. EXECUTING THE ASSESSMENT COMPONENT CONTRACT

1. The Assessment Component contract is legally binding between the program and the student or offender. Therefore, before signing, or having the student or offender sign the Assessment Component contract, programs are responsible for orally explaining the terms and conditions of the Assessment Component contract to the student or offender, ensuring that the Assessment Component contract is completely filled out, and collecting the \$82.00 fee for the Assessment Component.

2. Programs shall advise the student or offender that the results of the Assessment Component are valid only for a period of one year from the date it was completed and only for the offense for which the student or offender was assessed.

E. THE NEEDS INSTRUMENT

1. The NEEDS can only be administered by a trained program employee. Page 1 of the NEEDS must in its entirety **[Exhibit #3]**. The student must initial the survey verifying the information is correct.
2. **Offense Codes** have been assigned for each category of individual who may attend the Risk Reduction Program. The codes to be entered on the **NEEDS** Assessment are listed in **[Exhibit #4]**.
3. **County Codes**. The **NEEDS** Assessment requires that a county code be entered. The Georgia county code for the student's current county of residence should be used **[Exhibit #5]**.

F. ASSESSMENT ROSTERS

The assessment roster reflects the date and time that the assessments are processed and printed. The rules and regulations require that the correct date and time is set on your computer at all times. **Failure to keep the date and time correct may result in an administrative fine and/or adverse action against your program.**

G. TRANSFER OF ASSESSMENT COMPONENT RESULTS

1. The results of the Assessment Component may be transferred from one program to another only in cases where the reason for the transfer meets the criteria set forth in Ga. Admin. Comp. Ch. 290-4-10-.13.
2. The Department must approve the transfer of the Assessment Component results in advance.
3. It is the responsibility of the program owner or his or her designated director to ensure the transfer of the Assessment Component results meets the criteria set forth in Ga. Admin. Comp. Ch. 290-4-10-.03(b) before advising the student or offender to contact the Department.
4. It is the student or offender's responsibility to contact the Department to initiate the transfer of his or her Assessment Component results.
5. Students or Offenders must make their request to transfer Assessment Component results between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday (excluding state holidays).
6. If the transfer of Assessment Component results is approved, the Department will notify both participating programs.
7. It is the responsibility of the program that the student or offender is transferring from to have the student or offender read and sign the "NEEDS Transfer" **[Exhibit #6]** waiver, which must include the name of the program where the assessment is to be transferred.

8. It is the responsibility of the program that the student or offender is transferring from to fax the NEEDS transfer waiver to the Department.
9. If the student or offender prepaid for the Intervention Component, the program shall refund the Intervention Component fees to the student.
10. Once the transfer of the Assessment Component results has been approved by the Department and the NEEDS transfer waiver has been faxed to and received by the Department, the program that the student or offender is transferring from may fax or mail a copy of the Assessment Component contract, answer sheet, and the complete NEEDS survey printout to the program that the student or offender is transferring to.
11. It is the responsibility of the program to which the student or offender is transferring to document the name of the student or offender in the comments section of the class roster and to document the name of the individual at the Department that approved the transfer.

SECTION 2: INTERVENTION COMPONENT

290-4-10-.14 Intervention Component. *Only the department designated intervention course must be used. This course may only be taught by instructors and must be conducted in accordance with the following requirements:*

- (a) Programs must schedule courses so that all sessions are completed within four weeks, no more than two sessions are scheduled each day, and a one-hour meal break is scheduled between each session when more than one session is held on a day;*
- (b) Course delivery, content and sequence of instruction must be in accordance with the department designated instructor's manual;*
- (c) Classes must have a minimum of five students and can have no more than the maximum allowed by the classroom's square footage, up to a maximum of 30 students;*
- (d) No students from one class may be combined with students from another class to complete sessions of a course; however, a student with an excused absence may attend a class other than the one he/she started for the purpose of completing the missed class(es);*
- (e) All students must be required to attend class for the entire 20 hours and no student may be admitted late or dismissed early from any session;*
- (f) Classes must be held in accordance with the class schedule on file with the department;*
- (g) Programs must schedule classes so as to minimize the possibility that any class will have to be cancelled due to lack of enrollment. Cancellation of two consecutive classes due to lack of enrollment may be grounds for suspension, revocation or the imposition of an administrative fine. Any class that has not been rescheduled at least five days prior to the class beginning date will be considered a cancelled class;*
- (h) Each student attending the intervention component must receive the required student study guide which is the property of the student;*
- (i) A class roll following a format designated by the department must be signed by each student at the beginning of each session;*
- (j) Illiterate and/or disabled students and offenders must be meaningfully accommodated*

A. SCHEDULING REQUIREMENTS

1. Programs must submit course schedules for each program location to the compliance analyst assigned to their program on a quarterly basis, in accordance with following matrix:

Quarter	Months	Date Due
1 st Quarter	July, August, September	June 15
2 nd Quarter	October, November, December	September 15
3 rd Quarter	January, February, March	December 15
4 th Quarter	April, May, June	March 15

2. Programs must adhere to the quarterly course schedule submitted to the Department and documented on the Intervention Component contract. However, programs may cancel courses in cases of emergency or if fewer than five students or offenders appear for the first session.
3. The Department strongly recommends that programs have a substitute instructor on call to avoid course cancellations due to instructor illness or emergency.
4. If an Intervention Component course is added to the quarterly schedule, the program must notify and submit a Revised Schedule the compliance analyst assigned to their program 5 days prior to the scheduled beginning date of the course.
5. Programs must notify, by telephone, the compliance analyst assigned to their program if there are any changes to the quarterly Intervention Component course schedule.

6. The Intervention Component is comprised of sessions totaling 20 hours. No more than two sessions can be held on a single day.
7. On days that two class sessions are held, programs must provide the students a minimum of a one-hour meal break between sessions.

C. STUDENT OR OFFENDER ABSENCES

1. Students or offenders that miss a session of the Intervention Component due to an **excused absence** may complete the particular session he or she missed the next time the Intervention Component is offered. Students and offender are required to attend sessions of the Intervention Component in sequential order.
2. Students or offenders that miss a session of the Intervention Component due to an **unexcused absence** must start Intervention Component over and may be subject to the fee for the intervention course. A program has the discretion to allow a student or offender with an unexcused absence to start over one (1) time without repayment of fees.

B. INTERVENTION COMPONENT CONTRACT

1. The Intervention Component contract is legally binding between the program and the student or offender. Therefore, before signing, or having the student or offender sign the Assessment Component contract, programs are responsible for orally explaining the terms and conditions of the Intervention Component contract to the student or offender, ensuring that the Assessment Component contract is completely filled out, collecting the \$190.00 fee for the Intervention Component, and collecting the \$15.00 workbook fee.
2. The Intervention Component contract also serves as a receipt. If fees are not paid and the program official and student sign the contract, the program is stating in writing that the fees have been paid. The program would then be obligated to issue a certificate of completion at the end of class, regardless of whether the fees were actually paid.

C. CLASSROOM PROTOCOL AND CURRICULUM REQUIREMENTS

1. Program owners and directors are responsible for the actions of their instructors.
2. Program owners and directors must ensure that the instructors are provided with the appropriate NEEDS Summary Sheet for every student or offender prior to the start of the first session.
3. Every student or offender must sign the course roll [**Exhibit #10**] at the beginning of each class session. Instructors must sign the certification statement on the class roll, indicating that all students or offender met the requirements and that certificates of completion were issued.
4. Students or offenders that do not speak the language in which the Intervention Component is being taught are responsible for bringing an interpreter to class.
5. Instructors are prohibited from teaching class in two languages. For example, a class can not be offered in English and then in Spanish to accommodate English and Spanish speaking participants.
6. Program owners or directors are responsible for ensuring that instructors arrive 30 minutes prior to the scheduled beginning time for each session.

7. Program owners and directors are responsible for ensuring that instructor(s) remain with the students or offenders during all sessions.
8. An instructor who starts the first session of a class must instruct all sessions of that class, except in an emergency.
9. Smoking is prohibited inside the program facility.

290-4-10-.15 Program Curriculum. *Programs must use the department designated curriculum that must be delivered in accordance with the intervention component syllabus following the training and instructions provided by the department or its designee. In addition, each program must comply with the following requirements:*

(a) all curriculum material must be covered in sequence following the curriculum syllabus with no deletions or additions of outside materials;

1. only audio visual materials specifically approved by the department may be used during the course;

2. no portion of the material contained in the curriculum may be photocopied nor used for any purpose other than presenting the DUI Alcohol or Drug Risk Reduction Program;

3. each student must receive all required course material;

(b) each student must receive, along with the assessment summary sheet, written information containing the names, telephone numbers, and addresses of local referral to alcohol/drug treatment resources, and self help support groups.

13. Each student or offender completing the Intervention Component must receive a PRI workbook that contains activities required for completion of the course. Study guides **cannot** be reused. Each student must write his/her name on the book, and complete each activity as directed by the Instructor. The study guides should be left in the classroom until class is completed. Students must take their study guide home after class is completed.
14. Failure to provide each student with a new study guide at the appropriate time in the curriculum will result in an administrative fine and/or an adverse action against your program.
15. An audit of study guide orders and class rosters is conducted by DDS to ensure that programs are providing each student a new study guide.

SECTION 3: DUI INTERVENTION PROGRAM

Clinical evaluators and treatment providers are regulated by the Georgia Department of Behavioral Health & Developmental Disabilities DUI Intervention Program.

DUI Intervention Program

2 Peachtree Street, N.W. Suite 22-285

Atlanta, Georgia 30303

404-657-6433 (Voice)

404-657-6417 (Facsimile)

<http://www.mop.uga.edu/cetp/DUIIPwebsite/index.htm>

1. Programs must assist students or offenders with locating a current listing of treatment providers and clinical evaluators, which can be found at the following website:

<http://www.mop.uga.edu/cetp/mop/soc.aspx>
2. Once the student or offender has chosen, contacted, and made an appointment with a clinical evaluator, they must sign the Release of Information [**Exhibit #12**] and pay the \$10.00 transfer fee, if required by the program.
3. A copy of the Release of Information form and a copy of the NEEDS results must be mailed or faxed to the clinical evaluator within five (5) business days. Students and offenders cannot hand-deliver the results to the clinical evaluator.
4. Students may request that the NEEDS results be sent to a second clinical evaluator. In these instances, the same procedure should be followed. The student or offender must pay another transfer fee, if required by the program.
5. In instances where the second transfer is the result of circumstances beyond the student or offender's control, the transfer fee should be waived.

SECTION 4: PROGRAM RECORDS

290-4-10-.16 Program Records.

(1) **Confidentiality.** Program records must be maintained in accordance with the confidentiality provisions of rule 290-4-10-.20.

(2) **Required records.** Each program must maintain the following records for five calendar years and they must be available and accessible for inspection and copying by the department upon request;

(a) assessment roster file containing copies of the monthly assessment roster and rebate checks, which must be filed chronologically by month and calendar year;

(b) class files labeled with the class dates and maintained in chronological order by dates of the class. Class files must contain the original class roll and program copy of class roster and in addition must contain the following records for each student enrolled in any program component;

1. the Student Information Sheet, the original assessment contract, the assessment answer sheet, the assessment results, and the program's copy of the assessment summary sheet, all with required signatures;

2. original signed intervention component contract;

3. graded student post test;

4. the program (pink) copy of the student's certificate of completion; and

5. copy of replacement certificate of completion, if applicable.

(c) a card file or backed up computer file must be maintained in alphabetical order by student name and must contain the following information;

1. student name, address, and phone numbers;

2. student driver's license number and social security number;

3. student's date of birth;

4. date of assessment;

5. class dates and date of class completion;

6. instructor;

7. certificate of completion number;

8. date of issuance of any replacement certificates of completion.

(d) records of persons assessed who have not enrolled in a class must be placed in the assessment roster file with the appropriate month's assessment roster;

(e) the department may require all programs to maintain all required records on a department designated computer program.

(3) **Personnel files.** Programs must maintain a personnel file for every employee and instructor whether they are characterized as employees or independent contractors as required by rule 290-4-10.11(d).

(4) **Submittal of program records to the department.** Each program must send to the department the following records which are required and these records must be complete and accurate:

(a) class rosters must be forwarded to the department within 15 days of class completion;

(b) the original assessment roster and a copy of the rebate payment must be forwarded to the department by the 10th day of each calendar month for assessments in the previous month ;

(c) should no assessments be given during a month, an assessment roster marked "no assessments" must be submitted to the department by the 10th day of the month following the report month;

(d) the rebate payment must be sent to the department's Office of Financial Services by the 10th day of each calendar month for assessments in the previous month;

(e) a quarterly class schedule on a form designated by the department. This schedule must be received two weeks prior to the quarter to which the schedule pertains. If classes are rescheduled or instructors reassigned, an amended schedule must be submitted to the department five business days prior to the beginning date of the class.

(5) **Transfer of assessment results to clinical evaluators.** Programs must transfer by fax or mail a copy of the assessment results of any multiple offender to the clinical evaluator designated by the offender, within five business days of the receipt by the program of a written release. The assessment may not be transferred to more than two clinical evaluators without the prior approval of the department. Programs may charge a transfer fee up to \$10.00 for each transfer.

A. CONTRACTS

1. Programs are responsible for having the Assessment and Intervention Component contracts printed.
2. Assessment and Intervention contracts must have a professional appearance, be pre-numbered in duplicate, contain the program name, program address, program telephone number, and the Program certification number.
3. Programs must adhere to the contract templates provided by the Department.

B. ASSESSMENT FEES/ASSESSMENT ROSTERS

1. Programs are responsible for compiling an assessment roster containing the names of all students or offenders on a monthly basis [**Exhibit #14**]. Rebates must be paid for every student or offender assessed, regardless of whether the student or offender returns for class.
2. Program owners or their designated director are responsible for signing the assessment roster.
3. The original Assessment Component roster bearing the names of all students or offenders, the legal signature of the owner or director, and the rebate check or money order must be mailed to the following address by the tenth day of each calendar month:

**Georgia Department of Driver Services
Attention: Accounting Unit
2206 East View Parkway
Conyers, Georgia 30013**

4. The program name and program certification number(s) must be written on the check or money order.

C. CLASS ROSTERS

1. Programs must issue a certificate of completion to all students and offenders that successfully complete all program requirements. In addition, programs must document all students and offender that successfully complete all program requirements and are issued certificates of completion on the the class roster. Class rosters can only be signed by a program owner or program director.
2. Programs must ensure that certificates of completion are issued in numerical order. In addition, the certificate number must be listed on the course roster in numerical order.
3. Students shall not be listed on the class roster until they have completed the class, met all program requirements, and have been issued a certificate of completion.
4. Students with an excused absence must be listed on the class roster of the class they completed. A notation shall be made on the class roster in the “comments” section indicating all dates of attendance. Documentation of the excused absence along with all paperwork for that student shall be placed in the file of the class he or she completes.

5. Any unusual circumstance regarding the class should also be listed in the “comments” section of the class roster, i.e., transfer of a student which DDS staff member approved the transfer, substitute instructors, etc.
6. All voided certificates of completion shall be listed on the class roster in numerical order and attached to the roster when it is sent to DDS.
7. A class roster must be submitted for each class listed on the quarterly schedule submitted to DDS, even if the class is canceled. The program name/certification number and scheduled dates of classes must be completed on the class roster form and marked “Class Canceled” and the reason for cancellation must be sent no later than the date the class was canceled. Do not submit class cancellations in letter or memo form. Cancellations must be reported on a class roster form.
8. If a program’s records are audited and certificate numbers are difficult to follow, programs will be required to submit a sequential listing with all pertinent information to account for the certificate numbers.
9. Class rosters must be sent within 15 days of class completion (*not monthly*). Failure to submit class rosters in a timely manner will result in an administrative fine for each delinquent class roster. Mail class rosters to the following address:

D. CARD FILE REQUIREMENTS

1. Card files must be started once the student has completed the assessment component. Many programs wait until class completion to begin the card file. This is incorrect.
2. Cards must be filed in alphabetical order by last name and contain all of the required information outlined in the official rules and the Operations Guidelines.
3. Transfer information for students and offenders must be indicated on the card file. Information must include the transfer date, clinical evaluator name and ID number.

E. CERTIFICATES OF COMPLETION [Exhibit #16]

1. Certificates of Completion, Replacement Certificates of Completion and the Important Client Information forms must be ordered on the appropriate requisition form [Exhibit #17]. The requisition form can be faxed to 678-413-8736 or mailed to Regulatory Compliance.

Orders **CANNOT** be placed via telephone. You **must** send in a requisition form. Please allow 2 weeks for delivery of Certificates.

2. Certificates of Completion will be sent with a transmittal form [Exhibit #18]. This form must be signed by the owner or director and returned to DDS within 10 days of receipt of the Certificates. You must mail the original form with the appropriate signature. **Programs will not be issued additional orders of Certificates unless the previous transmittal has been received.**
3. **If an error has been discovered on a Certificate of Completion after the student has left the premises, only a Replacement Certificate of Completion can be issued.**
4. All **certificates** and **replacements** must be maintained at the approved office location under lock and key at all times.

5. Only the instructor that taught the Intervention Component may sign the certificate of completion.

F. REPLACEMENT CERTIFICATES [Exhibit #19]

1. Replacement Certificates of Completion information must be verified through the card file and class file. All information must be the same as contained on the original certificate of completion.
2. Only certified owners, directors or the instructor who taught the class may sign the Replacement Certificate after verifying program records for validity of attendance information. **(Original signatures only, signature stamps are prohibited.)**
3. Programs should give the original white copy to the offender and keep the yellow copy with the student records. A notation should be made on the card file for that student that a Replacement Certificate was issued and the date that it was issued.

G. PERSONNEL FILES

A personnel file must be maintained on every instructor and employee, whether they are characterized as employees or independent contractors.

1. The personnel file must contain the following:
 - a. Full legal name
 - b. Address (*residence and mailing*)
 - c. Social Security number
 - d. Application for employment
 - e. Employee Confidentiality Statement [Exhibit #20]
 - f. Statement signed by Employee and Director that orientation has been received on the Rules [see 290-4-10-.10(3)] and Operations Guidelines [Exhibit #21]
 - g. Other pertinent information
2. Instructor personnel files should also include a copy of the current instructor certification card.

SECTION 5: CONFIDENTIALITY

290-4-10-.21 Confidentiality of Records. All program records that identify any student or offender by name or inference must be maintained as confidential and must not be released to any person, other than the department or DPS, without the written consent of the student/offender or upon court order. Records cannot be released in response to a subpoena.

A. RELEASE OF STUDENT OR OFFENDER INFORMATION

All records that identify any student, offender, or potential student by name or inference shall be maintained as confidential, and shall not be released to any person, other than the Department, without the prior written consent of the student, offender, or potential student or pursuant to a court order, search warrant, or subpoena.

- b. Programs are prohibited from disclosing any information related to a student, offender, or potential student, except to the Department, without the prior written consent of the student, offender, or potential student or pursuant to a court order, search warrant, or subpoena.
- c. The information shall only be provided to the person and/or agency specified on the Release of Information form.
- d. The signed Release of Information must be kept with the student records in the class file.

SECTION 6: PROGRAM REQUIREMENTS

All requirements for opening a new program or becoming certified as a program director or instructor are included in the application packets. Applications can be downloaded from the DDS website at www.dds.ga.gov.

SECTION 11: WAIVERS

The Georgia Legislature enacted O.C.G.A. §50-13-9.1, effective July 1, 1997, which authorizes state agencies to consider petitions requesting a variance or waiver from an agency rule. The law authorized agencies to adopt a procedure for the submission and consideration of these requests.

Contact the DDS Legal Services Department at 678.413.8789 for information regarding the waiver process.

**IMPORTANT CLIENT INFORMATION**

Georgia law requires anyone convicted of driving under the influence (DUI), drug offenses, and underage alcohol violations to complete a DUI Alcohol or Drug Use Risk Reduction Program. Individuals charged with or convicted of other offenses may also be required to complete a Risk Reduction Program at the discretion of the court assigned to the case. The purpose of the Risk Reduction Program is to screen for the extent of an individual's alcohol and drug use and its impact on driving. The program delivers therapeutic education about alcohol and drug use and driving, and peer group counseling concerning alcohol and drug use.

COMPLETION OF THE DUI ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM

The Risk Reduction Program consists of two (2) components: the assessment portion and the intervention portion. The assessment portion consists of a questionnaire that can be completed in about thirty (30) minutes. Your responses to the questions will be used by the instructor of your intervention class to address issues concerning your beliefs and behaviors relating to drugs and alcohol and driving. The results of your assessment are confidential, and will not appear on your driving record. You will learn about your assessment results during the intervention portion of the program. If you have questions, please talk to your Instructor after you begin class. The intervention portion of the Risk Reduction Program is a twenty (20) hour class. You must arrive on time and participate in the discussions and activities. You will be issued a certificate of completion after you successfully complete the intervention portion of the course.

Georgia law prohibits judges, probation officers, law enforcement officers, and other court employees from requiring you to attend a particular Risk Reduction Program. However, a judge or probation officer may require you to submit a copy of your certificate of completion to one or both of them as part of your sentence in your criminal case. Additionally, a judge or probation officer may require you to attend another substance abuse program in addition to the Risk Reduction Program. Your conviction for an offense that requires completion of the Risk Reduction Program may have resulted in the suspension or revocation of your driver's license, and you may be required to take the original certificate of completion to the Department of Driver Services (DDS) as a pre-requisite for driver's license reinstatement.

YOU MAY BE REQUIRED TO COMPLETE A CLINICAL EVALUATION AND TREATMENT

Effective July 1, 2008, all first time DUI offenders are required to get a clinical evaluation, and if indicated by the evaluation, complete a substance abuse treatment program. In addition, DUI offenders who get a second or subsequent DUI within a ten-year period are required, as a condition of license reinstatement, are required to get a clinical evaluation, and if indicated by the evaluation, complete a substance abuse treatment program.

A clinical evaluation (and treatment, if recommended) is not the same as the Risk Reduction Program, and completion of one will not satisfy the other. Clinical evaluators and treatment providers are regulated by the DUI Intervention Program, which is part of the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD). The Risk Reduction Program may not be able to tell you if a clinical evaluation and treatment is required in your case. You are responsible for obtaining this information from the court in which you were convicted and from the DDS Contact Center at 678-413-8400.

Some Risk Reduction Programs may have a Clinical Evaluator available on staff, but you are not required to get your clinical evaluation at their facility. Your Risk Reduction Program provider can supply you with a registry of approved clinical evaluators and treatment providers in your area. You may choose anyone from the approved list, or visit the DBHDD website at <http://www.mop.uga.edu/cetp/DUIIPwebsite/index.htm> for the complete list. After you choose an evaluator, you will need to sign a Release of Information form and pay a \$10.00 transfer fee, so that the Risk Reduction Program can send a copy of your assessment to the evaluator. A minimum of \$95.00 must be charged for the evaluation; however, there is no maximum fee established. Evaluators who offer reduced prices based on income will be identified on the registry as "sliding scale available." You will have to call or go to the evaluator to see if you qualify for a reduced price. A Judge may require you to obtain your evaluation from a particular evaluator on the registry. Although, a Judge cannot require you to attend a specific Risk Reduction Program, he/she can order you to go to a specific clinical evaluator or treatment provider.

After completing the clinical evaluation, the evaluator may recommend that you attend a treatment program. The clinical evaluator will make a recommendation for a level of service you will need and give you a DBHDD-approved registry of treatment providers in your area. The minimum period of treatment is 120 days and the maximum period is one (1) year to be determined by your Treatment Provider. The evaluator and the Risk Reduction Program cannot refer you to a particular treatment provider. In addition, you cannot receive treatment services from the person who conducts your clinical evaluation. If you have someone in mind for treatment, do not select that person for your clinical evaluation.

I have read the above information, or the program has read it to me. I have received a copy of this form. The program has given me a class schedule showing the dates and times for the full 20 hours of classes. I can attend class at this location on the scheduled dates.

Signature of Client
Form 1160

Date

EXHIBIT #2(All Contracts must be printed in duplicate and pre-numbered)

NAME OF PROGRAM
DDS PROGRAM CERTIFICATION NUMBER
ADDRESS
TELEPHONE NUMBER

ASSESSMENT COMPONENT CONTRACT

Name: _____ Assessment Date: _____
Address: _____ Location: _____
City/State/Zip: _____ Amount Paid: \$82.00
Phone: Home (_____)
Work (_____)
Date of Birth: _____ Person Administering Assessment: _____
Driver's License # / State: _____

I, the undersigned client, agree to complete the Assessment Component administered by the above-named DUI Alcohol or Drug Use Risk Reduction Program. It is understood that this Program is certified by the Department of Driver Services in accordance with O.C.G.A. §§40-5-82, 40-5-83, and the Rules and Regulations promulgated there under ; and that this Program is certified by the Department of Driver Services to administer the Assessment Component.

ABOVE-NAMED CLIENT AGREES TO THE FOLLOWING CONDITIONS:

1. To pay assessment fee at time of registration. Client may not take the assessment until the \$82.00 fee has been paid.
2. Assessment is valid for a one-year period. If the client does not enroll in the Intervention course within the one-year period, another assessment and assessment fee will be required.
3. This assessment is valid only for the conviction(s) or plea(s) of *nolo contendere* for which you are currently enrolling. Any other conviction(s), plea(s) of *nolo contendere* will require another assessment.
4. The assessment cannot be transferred to any other certified Program, including programs under the same ownership. Client must be prepared to complete course requirements at the location where the assessment was taken. Programs must have a minimum of five enrolled students to hold a class. In the unlikely event a program has to cancel a class for which you have enrolled and paid, you are entitled to have your assessment transferred one time to any certified DUI School in the State.
5. You are responsible for providing correct and accurate information on the assessment. The assessment fee will not be refunded if you provide incorrect information and the assessment is determined to be "invalid."
6. The assessment must be completed before the student begins the Intervention course.
7. If you are required to complete a Clinical Evaluation, there will be an additional fee of \$10.00 to transfer the assessment information to the Clinical Evaluator of your choice.

ABOVE-NAMED PROGRAM AGREES TO THE FOLLOWING CONDITIONS:

1. This Program has, and shall maintain for the protection of the contractual rights to the clients, a performance bond written by a bonding company authorized to do business in the State of Georgia.
2. This Program will not refund any fees if the Program is willing and able to fulfill all terms of this contract.
3. This Program shall provide the client with a written schedule of classes for the current quarter, to include dates, times and location of class. The client shall receive this information before taking the assessment.
4. Upon receipt of the \$10.00 transfer fee and signed authorization, the program shall forward the assessment results to the chosen Clinical Evaluator within five (5) business days.

THIS agreement constitutes the contract between the above-named DUI, Alcohol or Drug Use Risk Reduction Program, and the above-named client and no verbal statement will be recognized.

THIS AGREEMENT CONSTITUTES A RECEIPT FOR PAYMENT OF ASSESSMENT FEES. Assessment fees are set by Georgia statute. No Program may deviate from set fees.

The above-named client acknowledges that he/she has read this agreement or that it has been read to him/her, and that he/she has received a written schedule of classes, and that he/she can complete class at this program location. Client and Program understand their respective responsibilities and agree to the terms of this contract.

Signature of Client_____
Date_____
Signature of Authorized Program Official_____
Date

Exhibit #3

Respondent Initials: _____

NEEDS SURVEY

GARRP

OFFICIAL USE DATA A

(Pertains to Substance Use/Abuse only)

Most Recent BAC _____

Refused BAC _____

of Alcohol / Drug Arrests
(Include DUI's) _____

Inpatient Sub. Abuse Treatments _____

Outpatient Sub. Abuse Treatments _____

Medical Sub. Abuse Detox _____

OFFICIAL USE DATA B

(Pertains to matters other than Substance Use/Abuse only)

of Traffic Tickets (Last 5 Years) _____

of Misdemeanor Convictions (Lifetime) _____

of Felony Convictions (Lifetime) _____

of Revocations (Probation/Parole) (Lifetime) _____

of Supervised Probation/Parole (Lifetime) _____

of Incarcerations (Lifetime) _____

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

DRIVER'S LICENSE # / ID #: _____ DATE OF BIRTH: _____

AGE: _____ SEX: _____ YEARS OF SCHOOL (GED = 12): _____

RACE: _____
1. White 2. African American 3. Hispanic 4. Native American
5. Asian 6. Multi-racial/Other 7. Refused

FINISH TIME: _____ NUMBER OF MINUTES: _____ TODAY'S DATE: _____

(Example: 03/01/2008)

START TIME: _____

**** ADDITIONAL DATA REQUIRED ******OFFENSE CODE (Circle One):**

1 st DUI Guilty	2 nd DUI (after 7-01-97)	Drug Possession 1 st Offense	Drug Possession 2 nd Offense	Drug Possession & DUI (same arrest)	Unlawful Alcohol Poss. While Operating Motor Vehicle	Boating Under the Influence	Under Age Purchase or Poss. Of Alcohol	DUI Under Age 21	2 nd DUI Under Age 21	Out of State Driver's License	Other Referrals	Habitual Offender (prior to 7-01-97)	Habitual Offender (after 7-01-97)	Attending for Points Reduction
663	722	120	321	125	432	563	569	383	384	777	888	999	222	100

A: SOCIAL SECURITY #: _____

B: PROGRAM CERTIFICATION # _____

C: COUNTY CODE: _____

NEEDS SURVEY

RESPONDENT INITIALS: _____

OFFICIAL USE DATA A (Pertains to Substance Use/Abuse only)

MOST RECENT BAC
 # OF ALCOHOL/DRUG ARRESTS
 (Include DUI's)
 # OF INPATIENT SUB. AB. TX
 # OF OUTPATIENT SUB. AB. TX
 # OF MEDICAL SUB. AB. DETOX

OFFICIAL USE DATA B (Pertains to matters other than Substance Use/Abuse)

OF TRAFFIC TICKETS ...(Last 5 Years).....
 # OF MISDMR CONVICTIONS ...(Lifetime).....
 # OF FELONY CONVICTIONS ...(Lifetime).....
 # OF REVOCATIONS (Probation/Parole)(Lifetime)
 # OF PROB / PAROLE SUPVNS(Lifetime)....
 # OF INCARCERATIONS(Lifetime)....

(DO NOT include any items already reported in Data A Box)

BIRTH DATE: _____
 (Example: 01011997)

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

DRV'S LIC.# / I.D. # : _____ DATE: _____
 (Example: 01011997)

AGE: _____ SEX? _____ YEARS OF SCHOOL (GED = 12) _____

WHAT IS YOUR RACE? _____

- | | | | |
|----------|-------------------------|-------------|--------------------|
| 1. White | 2. African American | 3. Hispanic | 4. Native American |
| 5. Asian | 6. Multi-Racial / Other | 7. Refused | |

FINISH TIME: _____ NUMBER OF MINUTES: _____
 (Round to the nearest minute)

START TIME: _____

** ADDITIONAL REQUIRED DATA **

OFFENSE CODE (Circle One):

1st DUI Guilty	2nd DUI (after 7/01/97)	Drug Possession 1st Offense	Drug Possession 2nd Offense	Drug Possession & DUI (same arrest)	Unlawful Alc. Poss. While Operating Motor Vehicle	Boating Under the Influence	Under Age Purchase or Poss. of Alcohol	DUI Under Age 21	2nd DUI Under Age 21	Out of State Driver's License	Other Referrals	Habitual Offender (prior to 7/01/97)	Habitual Offender (after 7/01/97)	Attending for Points Reduction
663	722	120	321	125	432	563	569	383	384	777	888	999	222	100

A: SOCIAL SECURITY #: _____

B: PROGRAM CERTIFICATION: _____

D: COUNTY CODE (3 digit number): _____

P.9		P.8		P.7		P.6		P.5		P.4		P.3		P.2		P.1		SIDE 2
130 E		123		114		97	ㄱY ㄴN	75	ㄱY ㄴN	53	ㄱY ㄴN	30	ㄱY ㄴN	12	ㄱY ㄴN	1		
						98	ㄱY ㄴN	76	ㄱY ㄴN	54		31	ㄱY ㄴN	13	ㄱY ㄴN			
130 F												32	ㄱY ㄴN	14	ㄱY ㄴN	2		
		124				99		77				33	ㄱY ㄴN	15	ㄱY ㄴN			
				115	ㄱY ㄴN					55	ㄱY ㄴN	34	ㄱY ㄴN	16	ㄱY ㄴN	3		
130 G										56	ㄱY ㄴN			17				
		125		116		100	ㄱY ㄴN	78		57	ㄱY ㄴN	35	ㄱY ㄴN					
										58	ㄱY ㄴN	36	ㄱY ㄴN					
						101	ㄱY ㄴN					37	ㄱY ㄴN					
				117		102	ㄱY ㄴN	79	ㄱY ㄴN	59	ㄱY ㄴN					4		
						103	ㄱY ㄴN	80	ㄱY ㄴN	60	ㄱY ㄴN	38	ㄱY ㄴN					
		126				104	ㄱY ㄴN	81	ㄱY ㄴN			39	ㄱY ㄴN					
				118		105	ㄱY ㄴN	82	ㄱY ㄴN	61	ㄱY ㄴN	40	ㄱY ㄴN	18		5		
										62		41	ㄱY ㄴN					
		127				106	ㄱY ㄴN	83	ㄱY ㄴN			42	ㄱY ㄴN					
				119		107	ㄱY ㄴN	84	ㄱY ㄴN			43	ㄱY ㄴN	19	ㄱY ㄴN	6		
						108	ㄱY ㄴN	85	ㄱY ㄴN	63	ㄱY ㄴN			20	ㄱY ㄴN			
		128				109	ㄱY ㄴN	86	ㄱY ㄴN	64		44		21		7		
				120		110	ㄱY ㄴN	87	ㄱY ㄴN									
						111		88		65	ㄱY ㄴN			22	ㄱY ㄴN			
		129	ㄱY ㄴN							66	ㄱY ㄴN	45		23	ㄱY ㄴN	8		
				121										24	ㄱY ㄴN			
		130 A						89	ㄱY ㄴN	67	ㄱY ㄴN			25	ㄱY ㄴN			
						112		90	ㄱY ㄴN			46	ㄱY ㄴN					
		130 B						91	ㄱY ㄴN	68	ㄱY ㄴN			26	ㄱY ㄴN	9		
				122						69	ㄱY ㄴN	47	ㄱY ㄴN	27	ㄱY ㄴN			
								92	ㄱY ㄴN	70	ㄱY ㄴN							
		130 C				113		93	ㄱY ㄴN	71	ㄱY ㄴN	48	ㄱY ㄴN	28		10		
								94	ㄱY ㄴN	72	ㄱY ㄴN	49	ㄱY ㄴN					
								95	ㄱY ㄴN	73	ㄱY ㄴN	50	ㄱY ㄴN					
		130 D						96	ㄱY ㄴN	74	ㄱY ㄴN	51	ㄱY ㄴN					
												52	ㄱY ㄴN	29		11		

OFFENSE CODES

- 100 POINTS REDUCTION**
- 663 DUI – 1ST OFFENSE**
- 722 DUI – 2ND OFFENSE**
- 120 DRUG POSSESSION – 1ST OFFENSE**
- 321 DRUG POSSESSION – 2ND OFFENSE**
- 125 DUI & DRUG POSSESSION (same arrest)**
- 432 UNLAWFUL POSSESSION OF ALCOHOL
WHILE OPERATING A MOTOR VEHICLE**
- 563 BOATING UNDER THE INFLUENCE**
- 569 UNDERAGE PURCHASE OR
POSSESSION OF ALCOHOL**
- 383 DUI – UNDER AGE 21**
- 384 2ND DUI – UNDER AGE 21**
- 777 OUT-OF-STATE DRIVERS LICENSE**
- 888 OTHER REFERRALS**
- 999 HABITUAL OFFENDERS
(Arrested prior to 7/1/97)**
- 222 HABITUAL OFFENDERS
(Arrested on/after 7/1/97)**

**Division of Mental Health, Mental Retardation and Substance Abuse
DUI, Alcohol or Drug Risk Reduction Program**

COUNTY CODES

CODE	COUNTY	CODE	COUNTY	CODE	COUNTY
001	APPLING	054	EVANS	107	NEWTON
002	ATKINSON	055	FANNIN	108	OCONEE
003	BACON	056	FAYETTE	109	OGLETHORPE
004	BAKER	057	FLOYD	110	PAULDING
005	BALDWIN	058	FORSYTH	111	PEACH
006	BANKS	059	FRANKLIN	112	PICKENS
007	BARROW	060	FULTON	113	PIERCE
008	BARTOW	061	GILMER	114	PIKE
009	BEN HILL	062	GLASCOCK	115	POLK
010	BERRIEN	063	GLYNN	116	PULASKI
011	BIBB	064	GORDON	117	PUTNAM
012	BLECKLEY	065	GRADY	118	QUITMAN
013	BRANTLEY	066	GREENE	119	RABUN
014	BROOKS	067	GWINNETT	120	RANDOLPH
015	BRYAN	068	HABERSHAM	121	RICHMOND
016	BULLOCH	069	HALL	122	ROCKDALE
017	BURKE	070	HANCOCK	123	SCHLEY
018	BUTTS	071	HARALSON	124	SCREVEN
019	CALHOUN	072	HARRIS	125	SEMINOLE
020	CAMDEN	073	HART	126	SPALDING
021	CANDLER	074	HEARD	127	STEPHENS
022	CARROLL	075	HENRY	128	STEWART
023	CATOOSA	076	HOUSTON	129	SUMTER
024	CHARLTON	077	IRWIN	130	TALBOT
025	CHATHAM	078	JACKSON	131	TALLAFERRO
026	CHATTAHOOCHE	079	JASPER	132	TATTNALL
027	CHATTOOGA	080	JEFF DAVIS	133	TAYLOR
028	CHEROKEE	081	JEFFERSON	134	TELFAIR
029	CLARKE	082	JENKINS	135	TERRELL
030	CLAY	083	JOHNSON	136	THOMAS
031	CLAYTON	084	JONES	137	TIFT
032	CLINCH	085	LAMAR	138	TOOMBS
033	COBB	086	LANIER	139	TOWNS
034	COFFEE	087	LAURENS	140	TREUTLEN
035	COLQUITT	088	LEE	141	TROUP
036	COLUMBIA	089	LIBERTY	142	TURNER
037	COOK	090	LINCOLN	143	TWIGGS
038	COWETA	091	LONG	144	UNION
039	CRAWFORD	092	LOWNDES	145	UPSON
040	CRISP	093	LUMPKIN	146	WALKER
041	DADE	094	MACON	147	WALTON
042	DAWSON	095	MADISON	148	WARE
043	DECATUR	096	MARLOM	149	WARREN
044	DEKALB	097	MCDUFFIE	150	WASHINGTON
045	DODGE	098	MCINTOSH	151	WAYNE
046	DOOLY	099	MERIWETHER	152	WEBSTER
047	DOUGHERTY	100	MILLER	153	WHEELER
048	DOUGLAS	101	MITCHELL	154	WHITE
049	EARLY	102	MONROE	155	WHITFIELD
050	ECHOLS	103	MONTGOMERY	156	WILKES
051	EFFINGHAM	104	MORGAN	157	WILKES
052	ELBERT	105	MURRAY	158	WILKINSON
053	EMANUEL	106	MUSCOGEE	159	WORTH
			999 OUT OF STATE		

NEEDS TRANSFER TO “RISK REDUCTION PROGRAM”

TO:

Risk Reduction Program Name

Program ID #

Mailing Address *(include city & zip code)*

FROM:

Risk Reduction Program Name

Program ID #

Contact Person

Telephone Number *(include area code)*

RE:

Student's Name

Student's Address *(include city & zip code)*

Student's Telephone Number *(include area code)*

Driver's License or Social Security Number

Date of Transfer

The above named student has completed a Release of Information, and has requested that his/her NEEDS Assessment be forwarded to the DUI, Risk Reduction Program mentioned above for completion of his/her 20-hour intervention class.

Signature of Student

Signature of Program Official

Georgia 20-Hour Program Syllabus

Session One (3½ hours)

Starting PRIME for Life (Introduction/Rules)	10-15 minutes	(PAGES) (Resource Disc)
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Unit 1—Preventing

• What Do I Value?		
OVERVIEW OF THE RISK REDUCTION PROGRAM		- 6 -
Program fees are set by statute, as follows:		- 6 -
SECTION 11: WAIVERS		- 19 -
ASSESSMENT COMPONENT CONTRACT		- 21 -
INTERVENTION CONTRACT		- 33 -
MONTH DAYS YEAR		- 33 -
RESCHEDULED		- 33 -
CLASS ROLL		- 34 -
Student Signature		- 34 -
Student Signature		- 34 -
Student Signature		- 34 -
Student Signature		- 34 -
Student Signature		- 34 -
Student Signature		- 34 -
Georgia Department of Driver Services		- 36 -
RELEASE OF INFORMATION TO		- 36 -
“CLINICAL EVALUATOR”		- 36 -
I HEREBY REQUEST AND AUTHORIZE		- 36 -
Driver’s License #		- 39 -
CERTIFICATES OF COMPLETION		- 40 -
(Form 1136)		- 40 -
Program Name ID #		- 41 -
Department of Driver Services		- 41 -
• Phases Of Use		
o Activity—Self Assessment	5 minutes (75)	
o Phase 1	10 minutes (76-78)	
o Phase 2	45 minutes (78-85)	
• Break	10-15 minutes	
o Phase 3	60 minutes (86-99)	
▪ Activity—Reflection Question		

Session Three (3½ hours)

Unit 2—Reflecting (continued)

• Phases Of Use	
o Review of Phases 1-3	10 minutes
o Phase 4	30-45 minutes (100-110)
▪ Activity—Reflection Questions	
o Activity—Self Assessment	5-10 minutes (110-111)
• Break	10 minutes
o NEEDS Return	20 minutes (111)
• Break and set up room	15 minutes

- Making the Risk Real (112-116)
 - Film.....35-50 minutes (112-113)
 - Cards/Processing Questions.....60 minutes (114-116)
 - **Activity—*Reflection Question***

Session Four (3½ hours)

Unit 2—Reflecting (continued)

- The Spiral (117-130)
 - How the Spiral Can Trick Us 10 minutes (118-120)
 - **Activity—A Closer Look at My Drinking Choices** 10-15 minutes (120-121)
 - Enabling and Psychological Defenses 10 minutes (121-124)
 - The Unexamined: Things We May Overlook
 - **Activity—What My Arrest Cost Me** 15 minutes (124-125)
 - Blackouts, SDL, Withdrawal Learning and Impaired Thinking 10 minutes (125-130)
- Learning to See the Spiral 15-20 minutes (130-132)
- Break 10-15 minutes
 - **Activity—A Timeline of My Own Experiences** 20-30 minutes (132-133)
 - **Activity—Optional Review Questions** (133-135)

Unit 3—Protecting

- **Activity—Protecting What I Value** 10-15 minutes (137-138)
- Break 10-15 minutes
- **Activity—Pros and Cons** 30-40 minutes (138-140)
- **Activity—Thinking About My Future** 15 minutes (140-141)
- Choices and Outcomes 10 minutes (141-142)
 - **Activity—My Formula**

Session Five (3 hours)

Unit 3—Protecting (continued)

- Social support: My Relationship to Others 30-50 minutes (142-143)
 - **Activity—Finding Social Support**
 - **Activity—My Formula**
- Break 10 minutes
- Support Video and/or Guest Speaker 30-60 minutes (144-146)
- Break 10 minutes
- Psychological Support 20-30 minutes (146-148)
 - **Activity—Support Inside Myself**
 - **Activity—My Commitment**
 - Change Your Brain 16-20 minutes (149-150)
- Planning 5-10 minutes (151)
 - **Activity—My Plan** 20-30 minutes (152)

Session Six (3 hours)

Unit 3—Protecting (continued)

- **Activity—*Overcoming State Dependent Learning***.....20-30 minutes (153-154)
- **Activity—*Finding Fun, Relaxation, and Excitement***.....20-30 minutes (154-156)
- Break.....10-15 minutes
- **Activity—*Be Ready; Be Quick***.....20-30 minutes (156-158)
- **Activity—*Rewarding Myself***.....15 minutes (158-159)
- Break.....10-15 minutes
- **Activity—*My Letter***.....15-25 minutes
- Drawing to a Close.....15-25 minutes (160-163)
 - Post Test, Evaluations, Certificates

DUI RISK REDUCTION PROGRAM QUARTERLY SCHEDULE

First Schedule for Quarter ☐Revised Schedule ☐

Revision Date

COUNTY _____ QUARTER/YEAR _____ PROGRAM NAME _____ PROGRAM CERTIFICATION # _____

 ➤ **MONTH:**CLASS DATES

CLASS TIME

INSTRUCTOR

 ➤ **MONTH:**CLASS DATES

CLASS TIME

INSTRUCTOR

 ➤ **MONTH:**CLASS DATES

CLASS TIME

INSTRUCTOR

NAME OF PROGRAM
 DDS PROGRAM CERTIFICATION NUMBER
 OFFICE ADDRESS
 TELEPHONE NUMBER
 CLASSROOM ADDRESS (if different)

INTERVENTION CONTRACT**20-Hour Intervention Course / \$190.00****Required Student Program Materials Fee / \$15.00****AMOUNT PAID \$****THESE FEES ARE REQUIRED AND AUTHORIZED BY GEORGIA LAW**

Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

Phone: Home () _____ Work () _____

Driver's License Number/State: _____ SS Number: _____

 Dates of Course: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
 MONTH DAYS YEAR

Times of Course: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

 Name of Instructor: _____ Instructor ID # _____
 RESCHEDULED

 Dates of Course: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____
 MONTH DAYS YEAR

Times of Course: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Name of Instructor: _____ Instructor ID # _____

I, the undersigned student, agree to complete the above referenced course at the above-named DUI, Alcohol or Drug Use Risk Reduction Program. It is understood that this Program is certified by the Department of Driver Services in accordance with O.C.G.A. §40-5-83, and the rules and regulations promulgated thereunder; and that the above-named Instructor is certified by the Department of Driver Services.

THE STUDENT'S SUCCESSFUL COMPLETION OF THE COURSE REQUIRES COMPLIANCE WITH THE CONDITIONS LISTED BELOW:

- The student must pay all fees before beginning class.
- The student must arrive on time for each class; students arriving late will not be admitted.
- The student must be properly dressed for class.
- The student must be sober and drug free. Any student who arrives for class while under the influence of alcohol or other drugs will be expelled from the course.
- Students who are disruptive during class will be expelled.
- Cell phones and beepers are prohibited from ringing during all class sessions. Phones and beepers must be turned off or placed on vibrate mode.
- The student must be alert, participate in class discussion, and complete all class and homework assignments.
- The student must pass the final exam with a grade of 70% or more.
- The student must attend all sessions in scheduled sequence. A student will not be allowed to attend the next session after missing a class.
- The student must contact the program office by 3:00 p.m. the next business day following a missed session to be eligible for an Excused absences are:
 - ♦ Emergency Military Leave ♦ A medical emergency involving a student or an immediate family member, or the death of a student's immediate family member ♦ A genuine emergency documented in writing and approved by the Program Director. The student must provide a written excuse from a doctor, military commanding officer, or documentation of other emergency acceptable to the Program, within 7 days following the missed session to be eligible for an excused absence. The student will be rescheduled one time at no charge. If the student reschedules for a class that begins within 60 days of the missed session, the student may begin at the missed session and continue the course until completed. If the student reschedules for a class that begins more than 60 days after the missed session, the student must start from the first session of the course. The Instructor and/or Program Official may expel a student for any violation of program requirements described in this contract. Students expelled for failure to meet the conditions of this contract will forfeit the \$190.00 Intervention course fee.
- A program is required by the State to have a minimum of five (5) students to hold class. In the unlikely event a program has to cancel a class, you are entitled to a refund of class fees to enroll at another program. Or, you may reschedule for another class at this program location. Class fees are not transferable to another program.

The above-named DUI, Alcohol or Drug Use Risk Reduction Program will not refund any fees to the above-named student if the Program is willing and able to perform all conditions stated in this contract.

No agent of the above-named DUI, Alcohol or Drug Use Risk Reduction Program shall solicit or make available to a student any products or services which require the student to pay an additional fee(s).

No agent of the above-named DUI, Alcohol or Drug Use Risk Reduction Program shall imply to any student that completion of this course will guarantee reinstatement of the student's driver's license. However, this Program shall issue a "Certificate of Completion" to the above-named student at the end of class when all course requirements has been satisfactorily completed by the student.

The above-named DUI, Alcohol or Drug Use Risk Reduction program has, and shall maintain for the protection of the contractual rights of the students, a performance bond, written by a bonding company authorized to do business in the State of Georgia.

This agreement constitutes the entire Intervention contract between the above-named DUI, Alcohol or Drug Use Risk Reduction Program and the above-named student. **No** verbal modifications will be recognized.

The above-named student acknowledges that he/she has read this agreement or that it has been read to him/her. Student and Program understand their respective responsibilities and agree to abide by the terms of this contract.

THIS CONTRACT IS A RECEIPT FOR PAYMENT OF ALL COURSE FEES. Course fees are set by law, and no Program may charge more or less. Programs are allowed by law to charge \$5.00 for a replacement Certificate.

SIGNATURE OF STUDENT _____

DATE _____

SIGNATURE OF AUTHORIZED PROGRAM OFFICIAL _____

DATE _____

EXHIBIT #10

CLASS ROLL

PROGRAM NAME: _____ **Certification #:** _____

INSTRUCTOR NAME & ID #: _____ **CLASS DATES:** _____

SESSION 1 Student Signature	SESSION 2 Student Signature	SESSION 3 Student Signature	SESSION 4 Student Signature	SESSION 5 Student Signature	SESSION 6 Student Signature

As the Instructor of this class, I certify that _____ students there were in attendance. They met all of the requirements for completion of the 20 hour Risk Reduction Program. I personally issued _____ Certificate of Completion.

INSTRUCTOR SIGNATURE

DATE

Page ____ of ____ (attach additional pages as needed)

ALCOHOL AND DRUG HELP LIST

- A. Each Program must develop a local Alcohol and Drug Help List that includes telephone numbers for the following:
- AA, Al-Anon, Narcotics Anonymous, Cocaine Anonymous, etc., other self-help and support groups.
 - State toll-free HELP-LINE (1-800-338-6745).
 - Cocaine Hotline (1-800-COCAINE).
 - Local area Mental Health and Substance Abuse Centers.
 - Private Substance Abuse Treatment Centers in the area.
 - The Council on Alcohol and Drugs, Inc. (770-239-7442) for metro Atlanta only. Other cities may have similar organizations.
 - Non-profit organizations that provide treatment services or referral, such as the Salvation Army and United Way.
- A. The following disclaimer must be printed on the bottom of the list for DUI Intervention Programs or anyone else required to choose a treatment provider by DHS:
- “FOR LICENSE REINSTATEMENT, MULTIPLE DUI OFFENDERS CAN ONLY ATTEND A TREATMENT PROGRAM APPROVED BY DHS. A LIST OF APPROVED PROVIDERS IS AVAILABLE THROUGH A MULTIPLE OFFENDER CLINICAL EVALUATOR.”***
- B. Telephone numbers should be verified and listing updated as needed, but at least once a year.

EXHIBIT #12

Georgia Department of Driver Services
RELEASE OF INFORMATION TO
“CLINICAL EVALUATOR”

I HEREBY REQUEST AND AUTHORIZE

Name of Risk Reduction Program

Program ID Number

to transfer my NEEDS Assessment Results along with transfer information to the following Clinical Evaluator:

Name of Evaluator

Provider Number

The purpose for the release of information is to provide the clinical evaluator the results of the NEEDS screening in accordance with O.C.G.A. §§37-7-2, 40-5-1 and 40-5-63.1.

I understand that I am responsible for paying the \$10.00 transfer fee to the above Risk Reduction Program. I have been provided a copy of the Department of Human Resources Registry of Clinical Evaluators and have chosen the above named Clinical Evaluator. I further understand that if I should choose to obtain a second clinical evaluation I must return to the above named Risk Reduction Program, pay an additional \$10.00 transfer fee and sign another Release of Information.

I understand that the information and records transferred to the clinical evaluator are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at anytime except to the extent that action has been taken in reliance on it, and that in any event this consent expires 60 days from the date it was signed.

Signature of Client

Date

Signature of Program Official

Date

Signature of Parent of Authorized Representative for Client under 18 years

Date

USE THIS SPACE ONLY IF CLIENT WITHDRAWS CONSENT

Date this consent is revoked by Client

Signature of Client

THIS ACKNOWLEDGES THAT THE CLIENT HAS PAID THE \$10.00 TRANSFER FEE AND THAT THE ABOVE INFORMATION WILL BE FORWARDED TO THE ABOVE CLINICAL EVALUATOR WITHIN FIVE BUSINESS DAYS.

Signature of Program Official

NEEDS TRANSFER TO “CLINICAL EVALUATOR”

TO: _____
Clinical Evaluator _____ **Provider Number** _____

Mailing Address *(include city & zip code)*

FROM: _____
Risk Reduction Program _____ **Certification Number** _____

Contact Person

Telephone Number *(include area code)*

RE: _____
Client Name

Client Address *(include city & zip code)*

Client Telephone Number *(include area code)*

Driver’s License or Social Security Number

Date of Class Completion _____ **Certificate of Completion Number** _____

The above named client has completed a Release of Information, and has requested that his/her NEEDS Screening Results must be forwarded to you for completion of a Clinical Evaluation.

Signature of Program Official

EXHIBIT #14

Page _____ of _____ Pages

Disk #128

April, 2001
MONTH YEAR_____
PROGRAM NAME_____
CERTIFICATION

Check Amount \$ _____

Check Number _____

NUMBER

(ATTACH COPY OF CHECK/MO)

LOCATION

NAME OF STUDENT

DL Number

Offense

Date

Summary

As it appears on Driver's License

OR

Code

of

Score

SS Number

Birth

#. (Last, First, MI)

1.	Brandon, Marilyn	777-66-5555	663	05/ 05 / 07	20	07/ 06 /55
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Total Number of Students _____ x \$22.00 rebates = _____

(Note: Total from this page AND continuation pages)

Amount of Check

Under penalty of law, I do hereby solemnly swear or affirm as the Owner and/or Director of the above-referenced Program that this Assessment Roster includes the names of all persons assessed or attending who did not require Assessment by this Program during the month of _____, 20 ____.

Further, the rebate fee is being paid for each of the persons assessed or attending who did not Require assessment in the above month in accordance with O.C.G.A. §40-5-83(e) and Ga. Admin. Comp. Ch. 290-4-10.

Signature of Owner / Program Director_____
Date

EXHIBIT #15**CLASS ROSTER – DUI, ALCOHOL OR DRUG RISK REDUCTION PROGRAM**

Program Name		ID#	Instr. Name		ID#	
Class Dates						Yr.
Class Times						
#	Student Name <i>(last, first, middle)</i>	Driver's License #	Social Security #	Birth Date	Assess. Date	Certificate #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						

Comments *(substitute Instructor/dates, students making up excused absences, approved transfers/approving DDS staff member, other)*

I hereby solemnly swear or affirm as the owner or program director of this program that this class roster includes names of all students attending the above class. These students were assessed at the above program location *(except for DDS approved transfers)*; these students attended class only on the above dates; and each student met all the requirements according to DDS rules, Chapter 290-4-10.

Signature of Program Owner/Director

Date

CERTIFICATES OF COMPLETION
(Form 1136)

REQUISITION FORM

Program Name: Certification #:

Program Mailing Address:

City, State Zip :

Telephone Number:

Quantity of *COC's* Requested: Quantity of *RCOC's* Requested:

Average Monthly Usage of *COC's*:

Signature of Person making request

Requisition Date

PLEASE ALLOW 10 BUSINESS DAYS FROM THE DATE OF YOUR REQUISITION TO RECEIVE YOUR CERTIFICATES.

THE ORIGINAL TRANSMITTAL FORM MUST BE RETURNED WITHIN 10 DAYS FROM THE DATE YOU RECEIVED YOUR ORDER. ADDITIONAL CERTIFICATES OF COMPLETION CANNOT BE ISSUED UNTIL THIS FORM HAS BEEN RETURNED TO THE DEPARTMENT.

PLEASE RETURN THIS FORM TO:

Department of Driver Services
Regulatory Compliance Division
2206 East View Parkway
Conyers, Georgia 30013
Fax: 678.413.8736

**DUI, Alcohol or Drug Use Risk Reduction Program
CERTIFICATES OF COMPLETION
TRANSMITTAL FORM**

Certificate of Completion Numbers *thru*

Total Number of Certificates Issued (COC'S) (RCOC'S)

Program Name

Program Address

City/State/Zip

Certificates issued by Regulatory Compliance (*signature*) _____
Date Shipped _____

**I HEREBY SWEAR OR AFFIRM THAT I HAVE VERIFIED THIS ORDER AND THAT I HAVE
RECEIVED THE ABOVE INDICATED CERTIFICATE OF COMPLETION NUMBERS.
Please fax (678.413.8736) or call (678.413.8586) *immediately* if there are any problems with this shipment.**

Signature of Program Director or Owner

Date Received

**THIS ORIGINAL FORM *MUST* BE RETURNED WITHIN 10 DAYS FROM THE DATE RECEIVED.
ADDITIONAL CERTIFICATES OF COMLETION CANNOT BE ISSUED UNTIL THIS FORM HAS
BEEN RETURNED TO THIS OFFICE.**

PLEASE RETURN THIS FORM TO:

Department of Driver Services
Regulatory Compliance Division
2206 East View Parkway
Conyers, Georgia 30013

“EMPLOYEE” CONFIDENTIALITY STATEMENT

As an agent or employee of _____, a certified Risk Reduction Program, I understand that all Risk Reduction Program records are confidential pursuant to O.C.G.A. §40-5-82(d) of the Georgia Code prohibits me from disclosing a student’s identity, assessment information, or any other student information to anyone (including family members, employers, lawyers and friends, etc.), except the Georgia Department of Driver Services and the Georgia Department of Driver Services, unless the student has signed a written Release of Information giving consent authorizing disclosure.

Print Agent/Employee Name

Agent/Employee Signature

Date

EMPLOYEE ORIENTATION STATEMENT

As an agent or employee of _____, a certified Risk Reduction Programs, I hereby certify that I have received orientation on the DUI, Alcohol or Drug Use Risk Reduction Program Rules, Chapter 290-4-10, and the DUI, Alcohol or Drug Use Risk Reduction Program Operations Guidelines. And, specifically as to those portions of the Rules and Guidelines that are applicable to my duties as an agent or employee.

Print Agent/Employee Name

Agent/Employee Signature

Date

Print Director's Name

Director's Signature

Date

“GENERAL” RELEASE OF INFORMATION FORM

I HEREBY REQUEST AND AUTHORIZE:

Name of Person or Agency Requesting Information

Address

To obtain from:

School / Program

Address

the following type(s) of information from my records (and any specific portion thereof): _____

for the purpose of: _____

All information I hereby authorize to be obtained from this school / program will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

☐ Ninety (90) days unless I specify an earlier expiration date here: _____

☐ One (1) year

☐ Period necessary to complete all transactions on accounts related to services provided.

I understand that I may withdraw this consent at any time unless otherwise limited by State or Federal Regulations.

Signature of Student

Date

Signature of Witness

Date

Signature of Parent or Authorized Representative (If Student is under 18 years)

Date

USE THIS SPACE ONLY IF CLIENT WITHDRAWS CONSENT

Date this consent is withdrawn

Signature of Client

Georgia Department of Driver Services

RELEASE OF INFORMATION TO “PROBATION OFFICER”

I HEREBY REQUEST AND AUTHORIZE:

Name of Risk Reduction Program

To transfer my NEEDS assessment results to the following:

Name of Probation Officer *and* Company

Address: _____

Fax Number: _____

To disclose to the above named individual the following information:

- The results of my NEEDS assessment, and any other information regarding my attendance or completion of the Risk Reduction Program.
- The purpose of this disclosure is to determine compliance with the conditions of my probation

I understand that my records are protected under Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 41 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance, and that in any event this consent expires 90 days from the signature date.

Signature of Client / Probationer

Date